

FORM <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">S</td> <td style="width:85%;"></td> <td style="width:5%; text-align: center;">T/A</td> <td style="width:5%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">F</td> <td>110000342371</td> <td></td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td></td> <td></td> <td style="text-align: center;">15</td> </tr> </table>	S		T/A	C	F	110000342371		D	1	2	13	14	15			15
S		T/A	C															
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15			15															

LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
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II. POLLUTANT CHARACTERISTICS															
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .															
SPECIFIC QUESTIONS				Mark "X"				SPECIFIC QUESTIONS				Mark "X"			
				YES	NO	FORM ATTACHED						YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)					X			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)					X		
				16	17	18	19					20	21		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				X		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)					X		
				22	23	24	25					26	27		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) <small>Form 3 was not included per Form 1 instructions (the appropriate Federal permit has already been obtained).</small>				X				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)					X		
				28	29	30	31					32	33		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X			H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)					X		
				34	35	36	37					38	39		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X			J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		
				40	41	42	43					44	45		

III. NAME OF FACILITY												
C	1	SKIP	Dominion- Yorktown Power Station								89	
15	16	29	30									89

IV. FACILITY CONTACT													
A. NAME & TITLE (last, first, & title)						B. PHONE (area code & no.)							
C	2	Taylor, Cathy C. - Director Electric Environ'l Services								(804) 273-2929			
15	16									45	46	48	49
51	52									55			

V. FACILITY MAILING ADDRESS														
A. STREET OR P.O. BOX														
C	3	5000 Dominion Blvd.								45				
15	16													
B. CITY OR TOWN						C. STATE	D. ZIP CODE							
C	4	Glen Allen						VA	23060					
15	16							40	41	42	47	51		

VI. FACILITY LOCATION														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
C	5	1600 Waterview Road								45				
15	16													
B. COUNTY NAME														
York														
46														
C. CITY OR TOWN						D. STATE	E. ZIP CODE			F. COUNTY CODE (if known)				
C	6	Yorktown						VA	23692					
15	16							40	41	42	47	51	52	54

VII. SIC CODES (4-digit, in order of priority)

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Glen Allen															VA		23060		Is the facility located on Indian lands?	
																			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

[illegible]

15	16	17	18	30	15	16	17	18	30
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	T	I			C	T	I		(specify)
9	R		VAD000619767		9				
15	16	17	18	30	15	16	17	18	30

10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100									
XI. MAP																																																																																																			

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements. See Attachment A

XII. NATURE OF BUSINESS (provide a brief description)

Generation of electricity with steam produced by the combustion of fossil fuels.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY

C																											55
C																											
15	16																										